

Additional Updated Policy

Table of Contents

Chapter 1 Administration

1.8 Child Welfare Funding - Title IV-E Foster Care Maintenance Payments

Chapter 3 Assessment and Investigation and

Chapter 4 Family Preservation

300 / 400 Child Protective Services Alerts

Chapter 16 Special Projects

1600 Sex Trafficking Policy

1610 Plan of Safe Care for Substance Affected Infants

1620 Persons with Disabilities Right to Parent Act



State of South Carolina Department of Social Services

Child Welfare Policy: Chapter 1: Administration, **Section 1.8:**

Child Welfare Funding

Subject:	Title IV-E Foster Care Maintenance Payments
Authority:	Family First Prevention Services Act of 2018, Public Law 115-123
Standards:	N/A
Application:	All Child Welfare Programs
Policy Statement:	
Title IV-E eligibility determination must be completed for every child that enters out-of-home care. In addition, a Title IV-E eligibility determination must be completed each time an out-ofhome care episode begins. There are two (2) categories of Title IV-E eligibility criteria that impact a child's status: 1. Initial eligibility; and 2. Ongoing eligibility.	
Purpose:	
The South Carolina Department of Social Services (SCDSS) will utilize Title IV-E Foster Care funding (Title IV-E), a federal program that is authorized under and administered in accordance with Title IV-E of the Social Security Act.	

Children placed with parents in a licensed residential family-based treatment facility for substance abuse	<p>Federal foster care regulations allow title IV-E agencies to claim foster care maintenance payments (FCMPs) for a child placed with a parent in a licensed residential family-based treatment facility for substance abuse for up to 12 months in accordance with requirements in sections 472(j) and 472(a)(2)(C) of the Act. Title IV-E agencies may also claim administrative costs during the 12-month period consistent with 45 CFR 1356.60(c) for the administration of the title IV-E program, which includes such things as case management. A licensed residential family-based treatment facility for substance abuse is not a child care institution (CCI) as defined in section 472(c) of the Act. While the facility must be licensed, there is no requirement that it meet the title IV-E licensing and background check requirements for a CCI.</p> <p>The title IV-E agency may claim FCMPs in accordance with the definition in section 475(4)(A) of the Act, which includes such things as the cost of providing food, clothing, shelter, and daily supervision. However, because a licensed residential family-based treatment facility for substance abuse is not a CCI, the title IV-E agency may not include the costs of administration and operation of the facility in the child's title IV-E FCMP. Also see section 472(k)(1)(A) of the Act.</p> <p>The child must meet all the title IV-E foster care eligibility requirements except the AFDC eligibility requirements in sections 472(a)(1)(B) and (3) of the Act. The requirement that the child is under the placement and care</p>
---	---

Original Effective Date:10-01-2018

Current Effective Date: 10-01-2018

	<p>responsibility of the title IV-E agency while placed with the parent in the facility remains in effect.</p>
--	--

Original Effective Date: 10-01-2018

Current Effective Date: 10-01-2018



State of South Carolina Department of Social Services

Child Welfare Policies and Procedures: **300 400 Child Protective Services Alerts**

Subject:	Child Protective Services Alerts
Authority:	S.C. Code 63-7-910; S.C. Code 63-7-1990
Standards:	N/A
Application:	Child Welfare Services Staff
Policy Statement:	The Department of Social Services maintains an automated process for collection and dissemination of Child Protective Services Alerts whenever a child in an open case is deemed missing and there is a concern for present or impending danger.
Purpose:	To provide information and directives regarding Child Protective Services Alerts and the requirement of program staff to notify the Office of Safety Management so that information can be communicated statewide to keep children safe.
Definitions:	<p>Child Protective Services (CPS) Alerts: a notification issued when staff are trying to locate persons listed in reports or in findings of child abuse or neglect when staff have exhausted all efforts to locate the family at the local level or there is reason to believe that the family has left the area</p> <p>Present danger: an immediate, significant, and observable severe harm or threat of severe harm occurring in the present</p> <p>Impending danger: a state of danger in which family conditions, behaviors, attitudes, motive, emotions, and/or situations are out of control and, while the danger may not be currently active, it can be anticipated to have severe effects on a child at any time</p> <p>In-state CPS Alert: CPS Alerts initiated on open cases within the state of South Carolina</p> <p>Out-of-state CPS Alert: CPS Alerts issued by and received from another state</p>
Procedures:	

A. In-State Notification of a CPS Alert	<p>1. The Case Manager must complete Form 2630 and submit the form to the Office of Safety Management at cpsalerts@dss.sc.gov within 24 hours, providing the following information:</p> <ul style="list-style-type: none"> a. Names of victims, perpetrator(s), or family members to be included in the alert and all known demographic information, including physical descriptions. b. Circumstances requiring an alert: allegations, risks and special considerations (court orders), immediate medical needs, and law enforcement involvement that place the child at risk of present or impending danger.
--	--

Original Effective Date: 11/08/2018

Current Effective date:

Supersedes: replaces section 729 of Current Child Protective and Preventive Services Policy

	<p>c. Descriptions of the vehicle, license tag number, or other mode of travel, if known.</p>
	<p>2. The Office of Safety Management must enter information into the CAPSS system as a Child Protective Services Alert within one business day. An automated e-mail will be generated and disseminated to County Directors.</p> <ul style="list-style-type: none"> a. A notification e-mail will be sent to County Directors. b. For CPS Alerts involving criminal activity (ex: kidnapping,) SCDSS Office of the Inspector General must be notified. c. Once the CPS Alert has been entered into CAPSS, the names of the individuals listed in the alert will appear in "blue".

<p>B. Out-of-State Notification of a CPS Alert</p>	<ol style="list-style-type: none"> 1. For written requests, the employee must complete Form 2630 and submit the form to the Office of Safety Management at cpsalerts@dss.sc.gov within 24 hours, providing the following information: <ol style="list-style-type: none"> a. Names of victims, perpetrator(s), or family members to be included in the alert and all known demographic information, including physical descriptions. b. Circumstances requiring an alert: allegations, risks and special considerations (court orders), immediate medical needs, and law enforcement involvement that place the child at risk of present or impending danger. c. Descriptions of the vehicle, license tag number or other mode of travel, if known. 2. For verbal requests, the Case Manager must advise the requesting agency to send a written request to the Office of Safety Management at cpsalerts@dss.sc.gov. The Case Manager must request the following information be included: <ol style="list-style-type: none"> a. Names of victims, perpetrator(s), or family members to be included in the alert and all known demographic information, including physical descriptions. b. Circumstances requiring an alert: allegations, risks and special considerations (court orders), immediate medical needs, and law enforcement involvement that place the child at risk of present or impending danger.
---	--

Original Effective Date: 11/08/2018

Current Effective Date:

Supersedes: replaces section 729 of Current Child Protective and Preventive Services Policy

	<p>c. Description of the vehicle, license tag number, or other mode of travel, if known.</p>
--	--

C. Office of Safety Management Responsibilities	<p>3. For all requests, the Office of Safety Management must enter the information into the CAPSS system as a Child Protective Services Alert within one business day. An automated e-mail will be generated and disseminated to County Directors.</p> <ul style="list-style-type: none"> a. A notification e-mail will be sent to County Directors. b. For CPS Alerts involving criminal activity the SCDSS Office of the inspector General must be notified. c. Once the CPS Alert has been entered into CAPSS, the names of the individuals listed in the alert will appear in "blue".
Forms:	Form 2630

Original Effective Date: 11/08/2018

Current Effective Date:

Supersedes: replaces section 729 of Current Child Protective and Preventive Services Policy



State of South Carolina Department of Social Services

Child Welfare Policies and Procedures: Chapter 16: Special

Topics **1610 Sex Trafficking Victims**

Subject:	Sex Trafficking Victims
Authority:	CAPTA, P.L. 114-22, Justice for Victims of Trafficking Act of 2015; S.C. Code § 63-7-20(6)(b); S.C. Code § 16-3-2010
Standards:	N/A
Application:	All Child Welfare Programs
Policy Statement:	CWS must identify and assess all reports involving children known or suspected to be victims of sex trafficking. CWS must coordinate with law enforcement, juvenile justice, and service providers to provide comprehensive services for children who are sex trafficking victims.
Purpose:	To set forth procedures for identifying minors who are, or who are at risk of becoming, sex trafficking victims and to provide services to those victims.
Definitions:	Sex trafficking - the recruitment, harboring, transportation, provision, obtaining, patronizing, or soliciting of a person for the purpose of a commercial sex act. For minors 18 years old and under, there is no requirement of force, fraud, or coercion. Commercial sex act - any sex act for which anything of value is given or received by any person. Case manager – staff providing case management services, in any program area, for victims of sex trafficking.
Procedures:	

A. Intake	<p>1. Intake Practitioners (IPs) must ask all reporters if there is concern, suspicion, or knowledge of prostitution, pornography, or sexual exploitation regarding any child the reporter is calling about.</p> <p>A. If the answer is “yes”, this must be documented in CAPSS as follows:</p> <ul style="list-style-type: none"> i. by selecting the “Victim of Sex Trafficking” characteristic in the Person screen and selecting the Typology of Sexual Abuse under the Relationship tab. ii. If the perpetrator is unknown or is someone other than an individual who is in loco parentis, an unknown perpetrator can be added as a recipient. Parents can be coded as nonperpetrators. iii. Safety Factor #4 must be selected in the CPS Assessment. iv. The Sufficiency Screen must be completed with a “Yes” for both the questions regarding ability to locate and if the alleged maltreater is the parent/caregiver of the child. (For suspected victims of child sex trafficking the perpetrator does not have to meet this criteria but in order to accept the report, this must be answered with an affirmative.)
	<ul style="list-style-type: none"> v. Explain in the box below this statement that the perpetrators are not the parents if the perpetrator isn't in loco parentis. vi. If information regarding the child/youth's county of residence is not available at Intake, the county of origin defaults to the child's location when the report is made. vii. IP and Supervisor must accept for Investigative Assessment and refer to Law Enforcement if the report wasn't received from LE.

<p>B. Initial Identification/ Assessment</p>	<ol style="list-style-type: none"> 1. <u>Referred by Law Enforcement:</u> <p>If the child/youth are picked up by law enforcement and are suspected and/or identified as being a sex trafficking victim, the case worker must:</p> <ol style="list-style-type: none"> a. Take the child/youth to the local hospital/ER for a medical assessment as soon as possible and no later than 24 hours. b. Consult with Regional Clinical Consultant regarding safe placement prior to initial placement being made. c. Complete DSS Form 3010: Critical Incident Reporting Form item E5 and forward to County Director with Incident Category. d. Contact the State Human Trafficking Coordinator at 803-6380566 or via email at STC@dss.sc.gov. e. Complete and link DSS Form 1544: Sex Trafficking Screening Tool into CAPSS under the Case ID. f. Document in CAPSS via the Characteristics section of the Person screen <u>and</u> update the Characteristics screen if the child was not initially identified as a sex trafficking victim. 2. <u>Referred by outside agency (shelter, group home, hospital, etc.)</u> <p>If the child/youth are referred by an outside agency and are suspected and/or identified as being a sex trafficking victim, the case manager must:</p> <ol style="list-style-type: none"> a. Contact local law enforcement within 24 hours. b. Take the child/youth to the local hospital/ER for a medical assessment as soon as possible, and no later than, 24 hours. c. Consult with Regional Clinical Consultant regarding safe placement prior to initial placement being made. d. Complete DSS Form 3010: Critical Incident Reporting Form item E5 and forward to County Director with Incident Category E5. e. Contact the State Human Trafficking Coordinator at 803-6380566 or via email at STC@dss.sc.gov. f. Complete and link DSS Form 1544: Sex Trafficking Screening Tool into CAPSS under the Case ID. g. Document in CAPSS via the Characteristics section of the Person screen <u>and</u> update the Characteristics screen if the child was not initially identified as a sex trafficking victim. 3. <u>Self-report</u> <p>If the child/youth self-reports, or it is suspected, that they are a victim of sex trafficking, the case manager must:</p>
--	--

- | | |
|--|---|
| | <ul style="list-style-type: none">a. Contact local law enforcement within 24 hours.b. Take the child/youth to the local hospital/ER for a medical assessment as soon as possible, and no later than, 24 hours.c. Consult with Regional Clinical Consultant regarding safe placement prior to initial placement being made.d. Complete DSS Form 3010: Critical Incident Reporting Form item E5 and forward to County Director with Incident Category E5.e. Contact the State Human Trafficking Coordinator at 803-6380566 or via email at STC@dss.sc.gov.f. Complete and link DSS Form 1544: Sex Trafficking Screening Tool into CAPSS under the Case ID.g. Document in CAPSS via the Characteristics section of the Person screen <u>and</u> update the Characteristics screen if the child was not initially identified as a sex trafficking victim. |
|--|---|

4. Runaways or Missing Children

If a child/youth has run away or is missing, the case manager must immediately, but no later than 24 hours:

- a. Report to law enforcement authorities for entry into the National Crime Information Center (NCIC) database of the Federal Bureau of Investigations.
- b. Report to National Center for Missing & Exploited Children (NCMEC) <http://cmfc.missingkids.org/ReportHere>. If there are any delays in obtaining the necessary forms, contact NCMEC at 1(800)843-5678.
- c. Complete DSS Form 30233: Endangered Runaway Checklist for Case Managers, Child Bio Information Form and Information Release and Verification Form.
- d. Notify child's parent/guardian.
- e. Notify the State Human Trafficking Coordinator via email at STC@dss.sc.gov.
- f. Notify the child/youth's guardian ad litem.
- g. Notify child/youth's current service providers and school officials.
- h. Make diligent efforts to locate child/youth and document all efforts in CAPSS dictation.
- i. Link completed DSS Form 30233 in CAPSS.

C. Provision of Services	<ol style="list-style-type: none"> 1. When a child/youth has been identified as victim of sex trafficking the case manager must: <ol style="list-style-type: none"> a. Make a referral to a Children's Advocacy Center (CAC) for a forensic interview within 24 hours. b. Make referrals to needed services as identified by CAC assessment . c. Assess family strengths and needs in order to provide services in the least restrictive environment while maintaining family stability. d. Determine the availability of evidenced based services in order to maintain family engagement and make referrals to available services. 2. Case manager must conduct face to face visits in the home with child and family, at a minimum of monthly, and conduct weekly telephone contacts with the family. <ol style="list-style-type: none"> a. Case manager must educate the parents about possible high risk behaviors associated with sex trafficking victims. b. Case manager must work the family to develop safety procedures such as outside cameras, an alarm system, and interior/exterior motion sensors. c. Case manager must ensure that the family addresses and monitors child/youth internet access, messaging, and telephone contacts. d. Case manager must document in CAPSS all face to face contacts, telephone contacts, and any other interactions with the child/youth and family no later than the last working day of the month.
Forms:	DSS Form 30233 : Endangered Runaway Checklist for Case Managers DSS Form 1544 : Sex Trafficking Screening Tool



State of South Carolina Department of Social Services

Child Welfare Policies and Procedures: Chapter 16: Special Topics

1620 Plan of Safe Care for Substance Affected Infants

Subject:	Plan of Safe Care for Substance Affected Infants
Authority:	<p>The "Keeping Children and Families Safe Act" of 2003 Public Law 108-36 that amended and reauthorized the Child Abuse Prevention and Treatment Act</p> <p>Child Abuse Prevention Treatment Reauthorization Act of 2010 Public Law 111-320; amended by Public Law 114-198, the Comprehensive Addiction and Recovery Act of 2016</p>
Standards:	N/A
Application:	All Child Welfare Workers
Policy Statement:	<p>When a health professional makes a report to CPS alleging that an infant is "substance affected", County CPS staff will support a process to implement a "Plan of Safe Care" or plan to ensure the infant's safety following the release from the care of said health professional.</p>
Purpose:	<p>To describe how County Child Protective Services' (CPS) will respond when a health professional in South Carolina makes a report that an infant is "substance affected".</p>
Definitions:	

The Plan of Safe Care should be based on a comprehensive, multidisciplinary assessment that is coordinated across disciplines to determine the infant's, mother's and any other caregivers' physical, social-emotional health and safety needs, as well as the mother's strengths and parenting capacity. The Plan of Safe Care should address the risk of future maltreatment, resources available to the family to care for the child and protective factors. The Plan of Safe Care should specify with whom the child will be discharged and ensure protective capacity of the parents and/or other family members are sufficient to care for the infant.

Substance affected infants meet one of the following definitions: A child, birth to one year, who is diagnosed with neonatal abstinence syndrome or a fetal alcohol spectrum disorder; or a child, birth to one year who is medically affected by prenatal substance exposure to a controlled or illegal substance, or withdrawal from alcohol or controlled or illegal substance during pregnancy; OR the infant has tested positive for the presence of a substance or a metabolite thereof in his/her body, blood, urine or meconium. If a healthcare provider has identified the infant as exhibiting harmful effects in his/her physical appearance or functioning that is attributed to the mother's substance or alcohol use, that infant is also "substance affected."

Procedures:

A. Intake	<ol style="list-style-type: none"> 1. Intake will receive and enter all reports from health care professionals on “substance affected” infants. Upon receiving the referral, the intake worker will complete the Intake screening tool and document available information on conditions or behaviors and other factors that may indicate risk of harm and the absence of protective factors. 2. All families that are the subject of a “substance affected infant” report from a health care professional that is accepted for CPS investigation will receive the support of an assigned CPS caseworker who will partner with other service providers (ex. medical, substance use disorder treatment, public health, etc.) to offer the Plan of Safe Care for the infant, family and/or caregiver that is the subject of a “substance affected infant” report. 3. In addition to the areas of family functioning outlined in policy, collect the following information: <ol style="list-style-type: none"> a. Type of substance use. b. Was the drug prescribed or non-prescribed to the caregiver? c. What drugs were administered to the caregiver during labor and delivery? d. If prescribed, is the level within normal limits of prescribed use? e. What is the level of the substance in the caregiver’s and/or child’s screen? f. Medical reports/test results, if applicable. g. What is the frequency of use? h. What were the location(s), the caregiver was using the substances? i. Are there drugs (legal or illegal) in the home? If so, where are they located? j. How the caregiver’s use, abuse, addiction impacts his/her ability to protect a child and to ensure the well-being needs of a child are being met. k. How is the caregiver functioning despite substance use/abuse? l. What is the caregiver’s plan to address the substance use, abuse or addiction including plans to ensure the child’s wellbeing? m. Is there a relapse plan in place?
-----------	---

	<ul style="list-style-type: none"> n. Has the caregiver ever experienced black outs? o. Does the caregiver make impulsive decisions that place the children in unsafe situations due to substance abuse addiction? p. Is the caregiver currently intoxicated and unable to perform basic parental duties? q. Is the caregiver functioning appropriately despite using substances? s. Do the children have access to the drugs? t. Were the children present when/where the caregiver was using the substances? u. How well are the children supervised? Are they left alone for extended period? v. Medical diagnoses of the mother. w. Behavioral description of withdrawal symptoms the infant may be experiencing related to prenatal drug exposure or indications of FASD. x. A description of any facial abnormalities, growth deficiencies, skeletal deformities, organ deformities, or central nervous system handicaps that may accompany a diagnosis of FASD. y. Are there other children in the home, and if so, are they aware of the substance abuse/use or impacted by the substance use, abuse or addiction?
B. Investigation and Assessment	<p>1. Assigned County CPS assessment staff will investigate and assess all reports on “substance affected” infants for suspected abuse and neglect. The investigation should include:</p> <ul style="list-style-type: none"> a. any needed medical treatment needed by mother or infant; b. whether the mother was under the influence of substances at the time of hospital admission for the birth; c. the mother’s attitude and behavior with the infant; d. family’s protective capacities; e. refer the mother and other family members to treatment if necessary; f. determine placement resources; The Plan of Safe Care must specify to whom the child will be discharged, ensure protective capacity of the parents and or other caregivers are sufficient to care for the infant.

	<ul style="list-style-type: none"> g. whether the mother is receiving substance abuse treatment; h. whether the mother is compliant with substance abuse treatment; i. whether the parents are homeless; j. whether the parents are prepared for the infant's care and protection; k. whether other children of this mother are in the longterm care of other persons; l. whether there is evidence of a support system for the infant and mother m. Case coordination with the Plan of Safe Care provider <p>2. Reports which meet the criteria for abuse or neglect are assigned to CPS treatment or Foster Care for child /family assessment, service planning, service provision, progress monitoring, and case plan evaluation. Should circumstances warrant, transfer the case to Family Preservation to continue monitoring and coordinate Plan of Safe Care services and focus on the long-term well-being of the infant, mother and family.</p> <p>3. If the child is not abused, neglected, or harmed, and the Mother is compliant with treatment, then the case will be unfounded for child abuse and/or neglect.</p>
C. Family Preservation/Foster Care	<p>Family Preservation or Foster Care Case Managers will meet with the family face to face on a monthly basis to continue to assess for risk and safety and to ensure the Plan of Safe Care is addressing the needs of the infant, Mother and other family members as needed. The case manager will:</p> <ul style="list-style-type: none"> 1. Assist the family in constructing a way to think about the problem (safety concern) that promotes real change. 2. Work collaboratively with the Plan of Safe Care provider to identify the behaviors that need to occur or the necessary skills a family must have in order to predict safety more accurately (consensus) and to establish partnership with the family focused on change. 3. Use the case assessments to build the case plan. 4. Engage the family, supports and providers in the case planning process.

	5. Incorporate the Plan of Safe Care into the Case Plan.
Forms:	DSS Form 3027 Plan of Safe Care
Resources:	Health Care Referral/Report Guidelines #9 Medical Care maps Criteria for Qualified Providers of Substance Use Disorder Services
Related Management Reports:	Click here to enter related management reports.



State of South Carolina Department of Social Services

Child Welfare Policies and Procedures:

1620 Persons with Disabilities Right to Parent Act

Subject:	Protection for the parenting rights of people with disabilities
Authority:	South Carolina Code of Laws 63-21-10; 63-21-20; 63-21-30
Application:	All Child Welfare Staff
Policy Statement:	South Carolina Department of Social Services (SCDSS) must give parents with disabilities an equal opportunity to take part in all programs, services, or activities available to non-disabled parents. SCDSS must provide help when needed to assist people with disabilities understand what is being said or done. SCDSS must make accommodations to eliminate barriers that create inaccessibility.
Purpose:	SCDSS is required by the law to establish policies and safeguards applicable in child custody, child protection, and probate guardianship proceedings that protect persons with disabilities from being denied the right to parent or to have custody of or visitation with a child because of a disability. Child placing agencies and adoption service providers are prohibited from denying persons with a disability the right to access services. The law prohibits termination of parental rights solely on the basis of a disability.

Definitions:

1. **Disability:** a physical or mental impairment that substantially limits one or more of the major life activities of an individual, a record of an impairment, or being regarded as having an impairment, consistent with the Americans with Disabilities Act, as amended, and as interpreted broadly under that act. An individual who is currently engaging in the illegal use of drugs or the abuse of alcohol, drugs or other substances is not an individual with a 'disability' for the purposes of this policy.
2. **Prospective parent:** includes prospective biological, foster and adoptive parents
3. **Caregiver:** any individual in loco parentis of the child including kin or fictive kin
4. **Adaptive parenting equipment:** equipment or any other item that is used to increase, maintain, or improve the parenting capabilities of a person with a disability.
5. **Adaptive parenting techniques:** strategies for accomplishing childcare and other parenting tasks that enable a person with a disability to execute a task

safely for themselves and their children alone, or in conjunction with, adaptive parenting equipment.

6. **Supportive services:** services that help a person with a disability compensate for those aspects of the disability that affect the ability to care for a child and that enables the person to fulfill parental responsibilities including, but not limited to, specialized or adapted training, evaluations, and assistance with effective use of adaptive equipment, and accommodations that enable a person with a disability to benefit from other services, such as braille, text, or sign language interpretation.

Procedures:

A. Individualized Treatment	<ol style="list-style-type: none"> 1. If a parent is identified as having a disability, case manager must utilize Part II, Section F of the Investigative Assessment in CAPSS and the Child and Family Assessment Services Plan (CFASP) to determine parent functioning related to safety and protection of the child. 2. Case manager must make reasonable efforts, which are individualized and based upon a parent's or legal guardian's specific disability, to avoid the removal of a child from the home. 3. All reasonable efforts must be made prior to the removal of a child from the home. Reasonable efforts include: <ol style="list-style-type: none"> a. Referrals for access to adaptive parenting equipment b. Referrals for instruction on adaptive parenting techniques c. Reasonable accommodations regarding accessing services that are otherwise made available to a parent or legal guardian who does not have a disability
B. Prospective Parent	<ol style="list-style-type: none"> 1. Case manager must consider prospective parents and/or caregivers as placement options without regard to disability. 2. If a disability is present, case manager must assess the prospective parent and/or caregiver to identify accommodations required to support the placement of the child. 3. Once the child is placed with a parent or caregiver with a disability, reasonable efforts must be made to provide needed accommodations. Reasonable efforts include: <ol style="list-style-type: none"> a.) Referrals for access to adaptive parenting equipment b.) Referrals for instruction on adaptive parenting techniques c.) Reasonable accommodations about accessing services that are otherwise made available to a parent or caregiver who does not have a disability.

C. Reasonable Efforts & Modifications	<p>1 Auxiliary aids must be furnished for meetings involving parent, prospective parent, caregiver or prospective caregiver with a disability affecting communication.</p> <p>a. Examples include, but are not limited to: qualified interpreters, note takers, accessible electronic and information technology, written materials, telephone handset amplifiers, assistive listening devices, assistive listening systems, telephones compatible with hearing aids, closed caption decoders, open and closed captioning, and telecommunications devices for deaf persons (TDD's). See the Civil Rights Toolkit located on the Unite site.</p> <p>2. Case managers must provide referrals for adaptive parenting equipment.</p> <p>a. Examples include, but are not limited to: adapted holding, carrying, and transfer devices; mobility aids for vision needs; adapted vehicle for driving; adapted stroller, etc. 3. Caseworkers must provide referrals for instruction on adaptive parenting techniques. See "Resources" section.</p>
Forms:	<p>Accommodations Assessment DSS Form 2664 Assessing the Protective Capacity and Kinship Caregiver Site Visit DSS Form 30212</p>
Resources:	<ul style="list-style-type: none"> • Civil Rights Toolkit

	<ul style="list-style-type: none"> ● Center for Independent Living (CIL): consumer-controlled, community-based, cross-disability nonprofit agency operated by individuals with disabilities and providing an array of independent living services. CILs in South Carolina: <ul style="list-style-type: none"> ○ Able South Carolina http://www.able-sc.org/ <ul style="list-style-type: none"> ■ South Carolina's State Affiliate of the Southeast ADA Center ■ Lead agency in enacting the Persons with Disabilities Right to Parent Act ○ AccessAbility http://www.abilitysc.org/ ○ Walton Options https://www.waltonoptions.org/ ● Protection & Advocacy for People with Disabilities, Inc.: An independent, statewide, non-profit corporation that protects and advances the legal rights of people with disabilities. https://www.pandasc.org/ ● South Carolina Assistive Technology Program (SCATP): Technology-related assistance program that provides the devices that increase, maintain or improve functional capabilities. http://scatp.med.sc.edu/ ● Disabled Parenting Project: an online space for sharing experiences, advice, and conversations among disabled parents as well as those considering parenthood. http://www.disabledparenting.com/ ● Rocking the Cradle: Ensuring the Rights of Parents with Disabilities and Their Children: https://www.ncd.gov/publications/2012/Sep272012 ● Protecting the Rights of Parents and Prospective Parents with Disabilities: Technical Assistance for State and Local Child Welfare Agencies and Courts under Title II of the Americans with Disabilities Act and Section 504 of the Rehabilitation Act: https://www.ada.gov/doj_hhs_ta/child_welfare_ta.html ● Assistive Technology for Parents with Disabilities: A Handbook for Parents, Families, and Caregivers http://idahoat.org/Portals/60/Documents/Services/Resources/AT_ParentsHandbook.pdf □ Auxiliary aids: qualified interpreters on-site or through video remote interpreting (VRI) services;
--	--

	<ul style="list-style-type: none"> • Note takers; • real-time computer-aided transcription services; • written materials; exchange of written notes; • telephone handset amplifiers; • assistive listening devices; • assistive listening systems; • telephones compatible with hearing aids; • closed caption decoders; • open and closed captioning, including real-time captioning; • voice, text, and video-based telecommunications products and systems, including text telephones (TTYs), videophones, and captioned telephones, or equally effective telecommunications devices; • videotext displays; • accessible electronic and information technology; • or other effective methods of making aurally delivered information available to individuals who are deaf or hard of hearing: • qualified readers; • taped texts; • audio recordings; • Brailled materials and displays; • screen reader software; • magnification software; • optical readers; • secondary auditory programs (SAP); • large print materials; • accessible electronic and information technology; • or other effective methods of making visually delivered materials available to individuals who are blind or have low vision.
--	--